

CHANGE IN PROFESSIONAL OBLIGATION REQUEST

Employee Name: _____

Department: _____

Supervisor: _____

In accordance with SUNY Cortland's *Change of Professional Obligation Policy*, I request a change in professional obligation from a 12-month position as follows:

_____ 11-month position _____ 9-month position
_____ 10-month position _____ other

I would not have a professional obligation during the following period(s):

(Employee Signature)

(Date)

.....
If signed, this request is endorsed by the immediate supervisor and departmental/division management. This approval will not reduce the quality of essential services.

(Supervisor's Signature)

(Date)

(Department Head's Signature)

(Date)

(Dean's or Director's Signature)

(Date)

(Vice President's Signature)

(Date)

Appropriate signatures must be obtained, and completed form should be forwarded to the Office of Human Resources.